



SBL#

**DUE MARCH 1, 2018**

RP-467(8/15)

NYS BOARD OF REAL PROPERTY SERVICES

**TO APPLY, BRING:**

1. Completed Application
2. Proof of Age (65 & over)
3. **2016** Income (ex. Federal Tax Form & IRA 1099s)

## APPLICATION FOR PARTIAL SCHOOL TAX RELIEF (STAR) AND SENIOR EXEMPTION

**Name & Addresses of ALL OWNERS & SPOUSES:**

Day Phone # (    ) \_\_\_\_\_

	Yes or No	
<b>NAME</b>	<b>ADDRESS</b>	<b>Are you the Beneficiary of a Trust or do you have Life Use?</b>

<b>NAME</b>	<b>ADDRESS</b>
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Mailing address IF different from location of property

**OFFICE USE ONLY****DATE STAMP**

1. Are you currently receiving a STAR exemption on another property?

Yes or No

If Yes, address of property: \_\_\_\_\_

2. Indicate documents submitted with application as proof of age of owners:

\_\_\_\_ Birth certificate    \_\_\_\_ Baptismal certificate    \_\_\_\_ Driver's License    \_\_\_\_ Other (specify)

3. Date applicant(s) acquired ownership of property: \_\_\_\_\_

4. Indicate document submitted with application as proof of ownership:

\_\_\_\_ Deed    \_\_\_\_ Mortgage    \_\_\_\_ Bill of Sale/Title (MFH)    \_\_\_\_ Other (specify)

5. Do all the owners of the property presently reside on the premises? \_\_\_\_ Yes \_\_\_\_ No

- If the answer to 5 is NO, is an owner receiving medical care as an in-patient in a residential health care facility? \_\_\_\_ Yes \_\_\_\_ No

Specify name and location of the facility. \_\_\_\_\_

OR

Is the non-resident owner the spouse or former spouse of the resident owner who is absent from the residence due to divorce, legal separation or abandonment?

\_\_\_\_ Yes \_\_\_\_ N

**THIS BOX FOR OFFICE USE ONLY****Entered in V4**

\_\_\_\_ Proof of age submitted

\_\_\_\_ Proof of ownership submitted

**2016 INCOME \$** \_\_\_\_\_**EXEMPTION** \_\_\_\_\_

Town \_\_\_\_%    County \_\_\_\_%    School \_\_\_\_%    Village \_\_\_\_%

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

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6. Is any portion of the property used for other than residential purposes (farming, commercial, professional office, etc.)? \_\_\_\_ Yes \_\_\_\_ No

○ If answer is Yes, explain such use and describe the portion that is so used.

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7. Did all owners & spouses file a Federal Income Tax return for **2016**? \_\_\_\_ Yes \_\_\_\_ No

○ If answer is **YES**, attach copy of the first page of such return or returns.

○ If answer is **NO**, 2016 Income STAR worksheet of each owner & spouse **MUST** be attached.

8. Of the income provided for 2016, how much, if any was used to pay for an owner's care in a residential health care facility (attach proof of amount paid: enter zero if not applicable)

\$ \_\_\_\_\_

9. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? \_\_\_\_ Yes \_\_\_\_ No

○ If answer is YES, show name and location of schools: \_\_\_\_\_

I certify that all statements made on this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature	Relationship/ Marital Status	Phone No.	Date
(ALL Owners must sign)	(ex. Sibling, spouse, widowed)		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application.

Senior citizens who wish to continue receiving Enhanced STAR in future years without having to reapply and submit copies of their tax returns to their assessor every year are invited to apply for the STAR Income Verification Program (form RP-425-IVP). See the assessor's office for more information.